

**APPELLATE MEDIATION PROGRAM
COURT OF APPEAL, THIRD APPELLATE DISTRICT
MEDIATION ATTENDANCE FORM**

**TO BE RETURNED WITHIN 10 DAYS OF COMPLETION OF MEDIATION TO:
ANNE MELINE, APPELLATE MEDIATION PROGRAM COORDINATOR
2890 GATEWAY OAKS DRIVE, SUITE 210
SACRAMENTO, CALIFORNIA 95833-4326
916-274-5882; FAX 916-641-6527**

Please complete this form without breaching confidentiality.

Instructions: Pursuant to California Rules of Court 1622 and this court's Local Rule 1(f), this form will be used to document all participants (including parties, attorneys, and other party representatives) who attend any mediation session. Therefore, all participants must enter the requested information.

Today's Date: _____

Court of Appeal Case No. _____

Case Caption: _____

Mediator's Name: _____ **Phone No.:** _____

PARTIES

Pursuant to Local Rule 1(d)(11), the parties and their counsel must complete a confidential evaluation. Counsel should place an "X" by the names of the parties who may *not* be contacted for an evaluation of the mediation program without counsel permission. (You may use additional sheets as necessary.)

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ATTORNEYS

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OTHER PARTY REPRESENTATIVES

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